UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OHIO

IN RE:

DIANE OTTOLENGHI

Case No.

14-60906

Chapter

7

DEBTOR

JUDGE RUSS KENDIG

CERTIFICATE

The undersigned debtor certifies under penalty of perjury that the attached amended Schedules G, I and J are true and correct and the reason for the amendment to Schedule G is that the Lease was inadvertently omitted from the original filing and the reason for the amendments to I and J is to reflect Debtor's current income and expenses.

/S/Diane Ottolenghi

Diane Ottolenghi, Debtor

/S/ Robert Goldberger

Robert Goldberger Attorney for Debtor 10 West Newlon Place Mansfield, Ohio 44902

(419) 526-3177

#0022372

CERTIFICATE OF SERVICE

I, Robert Goldberger, hereby certify that the foregoing Certificate and Amended Schedules G, I and J were electronically transmitted on or about July 14, 2014 to the following who are listed on the Court's Electronic Mail Notice List:

Josiah Mason, Trustee United States Trustee jlmasontrustee@zoominternet.net (Registered address)@usdoj.gov

> /s/Robert Goldberger Robert Goldberger Attorney for Debtor

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United States Bankruptcy Court Northern District of Ohio

IN RE:		Case No.
Ottolenghi, Diane		Chapter 7
_	Debtor(s)	

AMENDED SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 240,000.00		
B - Personal Property	Yes	3	\$ 5,670.00		
C - Property Claimed as Exempt	Yes	1			(23)
D - Creditors Holding Secured Claims	Yes	1		\$ 280,500.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 125,691.00	Nanagara Sanagara Sanagara
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 2,270.00
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 2,356.25
	TOTAL	17	\$ 245,670.00	\$ 406,191.00	

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United States Bankruptcy Court Northern District of Ohio

IN RE:	Case No.
Ottolenghi, Diane	Chapter 7
Debtor(s)	

AMENDED STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 17,950.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 17,950.00

State the following:

Average Income (from Schedule I, Line 12)	\$ 2,270.00
Average Expenses (from Schedule J, Line 22)	\$ 2,356.25
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C	
Line 20)	\$ 520.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 7,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 125,691.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 132,691.00

B6G	(Official	Form	6G)	(12/07)

IN	DE	Otto	langhi	Diane

Debtor(s)

C	25	0	M	0
	as			(1

(If known)

AMENDED SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Shawn & April Gunnoe 20 Otterbein Dr Lexington, OH 44904	Lease with Option to Buy Debtor is Lessor/Seller
	, *

Debtor 1 Diane	Ottolenghi		
First Nam		Last Name	
Debtor 2			
Spouse, if filing) First Nam	Middle Name	Last Name	
Jnited States Bankrupt	cy Court for the: Northern District of O	hio	
Case number	-60900		
(If known)	40 104		

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 6l

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your amplement					
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employed	d		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		Americano 1	ITS	TA	
Occupation may Include student or homemaker, if it applies.	Occupation	Mericerp	V.F.	717	
	Employer's name	North End Com	nmur	nity Colaberative	
	Employer's address	199 N Main St Number Street			Number Street
		Mansfield,, OH		00-0000 ZIP Code	City State ZIP Code
		City	State	ZIP Code	City State ZIP Code
spouse unless you are separated If you or your non-filing spouse ha	How long employed there t Monthly Income the date you file this form.	e? Junc 27 th If you have nothing	State 201	ZIP Code	rite \$0 in the space. Include your non-filing
Estimate monthly income as of spouse unless you are separated	How long employed there t Monthly Income the date you file this form.	e? Junc 27 th If you have nothing	State 201	ZIP Code	rite \$0 in the space. Include your non-filing or that person on the lines
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	How long employed there t Monthly Income the date you file this form. ave more than one employer, thach a separate sheet to this	e? Junc 27 th If you have nothing, combine the informs form.	State 201	ZIP Code	rite \$0 in the space. Include your non-filing or that person on the lines
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse habelow. If you need more space, a	How long employed there t Monthly Income the date you file this form. ave more than one employer, stach a separate sheet to this ary, and commissions (before)	city Programmer of the information of the informat	State 201	ZIP Code Proof for any line, we for all employers for	rite \$0 in the space. Include your non-filing or that person on the lines
Estimate monthly income as of spouse unless you are separated if you or your non-filing spouse habelow. If you need more space, a	How long employed there t Monthly Income the date you file this form. ave more than one employer, itach a separate sheet to this ary, and commissions (before calculate what the monthly well as the calculate what the monthly well are the calculate whether the	city Programmer of the information of the informat	g to remation	eport for any line, with a for all employers for Debtor 1	rite \$0 in the space. Include your non-filing or that person on the lines

Official Form 6

Schedule I: Your Income

page 1

Case number (if known) 14-60906

	MARIONI CONTRACTORIO (MARIO	For	Debtor 1	For Debtor 2 o	
Copy line 4 here	→ 4.	\$_	875.00	\$	
5. List all payroll deductions:					
	F	_	20.00	œ.	
5a. Tax, Medicare, and Social Security deductions	5a.	\$_	30.00	\$	
5b. Mandatory contributions for retirement plans	5b.	\$	0.00	\$	
5c. Voluntary contributions for retirement plans5d. Required repayments of retirement fund loans	5c. 5d.	\$ \$	0.00	\$ \$	
5e. Insurance	5e.	\$	0.00		
5f. Domestic support obligations	5f.	\$	0.00	\$	
		\$	0.00	\$	
5g. Union dues	5g.			+ \$	C. H. D
5h. Other deductions. Specify:	5h.	+\$_	0.00	Φ	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h.	6.	\$	30.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	845.00	\$	
8. List all other income regularly received:					
 Net income from rental property and from operating a business, profession, or farm 					
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total					
monthly net income.	8a.	\$	1,425.00	\$	
8b. Interest and dividends	8b.	\$	0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	ent				
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	
8d. Unemployment compensation	8d.	\$	0.00	\$	
8e. Social Security	8e.	\$	0.00	\$	
8f. Other government assistance that you regularly receive					
Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce	\$	0.00	\$	
Specify:	8f.				
8g. Pension or retirement income	8g.	\$_	0.00	\$	Printed Instrumental
8h. Other monthly income. Specify:	8h.	+\$_	0.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	1,425.00	\$	
			11120100		
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2,270.00	+ \$	= \$2,270.00_
11. State all other regular contributions to the expenses that you list in Sche	dule .	J.			
Include contributions from an unmarried partner, members of your household, other friends or relatives.	your c	depend	ents, your roo	ommates, and	
Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailable	e to pay exper	nses listed in Sched	
Specify:					11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The					\$ 2,270.00
Write that amount on the Summary of Schedules and Statistical Summary of C	ertain	ı Lıabili	ues and Relat	ted Data, it it applies	\$ 12. \$\(\frac{2,270.00}{\text{Combined}}\)
13. Do you expect an increase or decrease within the year after you file this	form [*]	?			monthly income
No.					
Yes. Explain:					

Fill in this information to identify your case:				
Debtor 1 Diane Ottolenghi	Check if this is:			
First Name Middle Name Last Name Debtor 2	✓ An amended filing			
(Spouse, if filing) First Name Middle Name Last Name	An amended ming A supplement showing po			
United States Bankruptcy Court for the: Northern District of Ohio	expenses as of the follow			
Case number 4 0000	MM / DD / YYYY			
(If known)	☐ A separate filing for Debto			
Official Form 6J	maintains a separate hou	sehold		
Schedule J: Your Expenses		12/13		
Be as complete and accurate as possible. If two married people are filing together, information. If more space is needed, attach another sheet to this form. On the top (if known). Answer every question.				
Part 1: Describe Your Household				
1. Is this a joint case?				
No. Go to line 2. Yes. Does Debtor 2 live in a separate household?				
□ No□ Yes. Debtor 2 must file a separate Schedule J.				
2. Do you have dependents?	annian mananan			
Do not list Debtor 1 and Yes. Fill out this information for Debtor 1 or I	s relations hip to Dependent's Debtor 2 age	Does dependent live with you?		
Debtor 2. each dependent Do not state the dependents'		☐ No		
names.		☐ Yes		
		□ No		
		Yes		
		☐ No☐ Yes		
		□ No		
		Yes		
		□ No		
		☐ Yes		
3. Do your expenses include expenses of people other than yourself and your dependents?				
Part 2: Estimate Your Ongoing Monthly Expenses				
	form as a supplement in a Charter 1	3 case to report		
Estimate your expenses as of your bankruptcy filing date unless you are using this expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedu</i> applicable date.				
Include expenses paid for with non-cash government assistance if you know the va	alue of			
such assistance and have included it on Schedule I: Your Income (Official Form 61.)	V	Your expenses		
 The rental or home ownership expenses for your residence. Include first mortgage any rent for the ground or lot. 	e payments and \$1,	425.00		
If not included in line 4:				
4a. Real estate taxes	4a. \$	0.00		
4b. Property, homeowner's, or renter's insurance	4b. \$	75.00		
4c. Home maintenance, repair, and upkeep expenses	4c. \$	45.00		
4d. Homeowner's association or condominium dues	4d. \$	6.25		
Official Form 6J Schedule J: Your Expenses	•	page 1		

		You	ur expenses	
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	205.00	
6. Utilities: 6a. Electricity, heat, natural gas	6a.	\$	0.00	
6b. Water, sewer, garbage collection	6b.	\$	0.00	
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	75.00	
6d. Other. Specify:	6d.	\$	0.00	
7. Food and housekeeping supplies	7.	Φ	275.00	
		Φ		
8. Childcare and children's education costs	8.	\$	0.00	
9. Clothing, laundry, and dry cleaning	9.	\$	0.00	
Personal care products and services	10.	Φ		
Medical and dental expenses	11.	\$	50.00	
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$	150.00	
3. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00	
4. Charitable contributions and religious donations	14.	\$	0.00	
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 				
15a. Life insurance	15a.	\$	0.00	
15b. Health insurance	15b.	\$	0.00	
15c. Vehicle insurance	15c.	\$	50.00	
15d. Other insurance. Specify:	15d.	\$	0.00	
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00	
7. Installment or lease payments:				
17a. Car payments for Vehicle 1	17a.	\$	0.00	
17b. Car payments for Vehicle 2	17b.	\$	0.00	
17c. Other. Specify:	17c.	\$	0.00	
17d. Other. Specify:	17d.	\$	0.00	
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	\$	0.00	
9. Other payments you make to support others who do not live with you.		\$	0.00	
Specify:	19.	Ψ		
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.				
20a. Mortgages on other property	20a.	\$	0.00	
20b. Real estate taxes	20b.	\$	0.00	
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00	
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00	
20e. Homeowner's association or condominium dues	20e.	\$	0.00	

Debtor 1 Diane Ottolenghi
First Name Middle Name Last Name

Case number (if known) 14-60906

21	. Othe	er. Specify:	21.	+\$	0.00
22		monthly expenses. Add lines 4 through 21. esult is your monthly expenses.	22.	\$	2,356.25
23	23a.	late your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22 above.	23a. 23b.	\$_ -\$_	2,270.00 2,356.25
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.	\$	-86.25
24	For ex	u expect an increase or decrease in your expenses within the year after you file this form? cample, do you expect to finish paying for your car loan within the year or do you expect your age payment to increase or decrease because of a modification to the terms of your mortgage?			
	☐ Ye	S. None	000000000000000000000000000000000000000		